

**USED MOTOR VEHICLE PARTS DIVISION
237 COLISEUM DRIVE
MACON, GA 31217-3858
TELEPHONE (478) 207-1460 FAX (478) 207-1468**

INFORMATION FOR OBTAINING A USED MOTOR VEHICLE PARTS LICENSE

- Application with attachments must be in the Board office **at least 2 weeks prior** to the schedule meeting.
- The Law and Rules are available on the Internet at www.sos.state.ga.us/plb/usedcar.

*****NOTE:** Please check with local authorities to be sure that your anticipated business location has met all local zoning and related laws.

Failure to do so could result in denial of a used parts dealer license and loss of fees paid.

License fees are non-refundable.

IMPORTANT: Please do not contact the Board office immediately after a Board meeting to verify approval of your license. After a Board meeting, please allow a minimum of 10 days for your license to be issued, then access our website and use our License Verification site to verify the issuance of your license. If you have not received a license or correspondence from the Board office within two weeks after a Board meeting, you may contact the office for information.

INFORMATION TO BE SUBMITTED WITH APPLICATION

☐ **AN ORIGINAL \$10,000 SECURITY BOND**

- A. Bond **must** expire on December 31st of odd years. (Example: 12/31/2005)
- B. Bond must be in the **exact name** of the business.
- C. Bond must have **Power of Attorney** form attached.
- D. Bond must be **signed** (keep a copy for your records).

☐ **AN ORIGINAL CERTIFICATE OF INSURANCE**

- A. List **policy number** (WE CANNOT ACCEPT BINDER NUMBER).
- B. List **amount of limits** (50K/100K/25K).
- C. List **LOCATION** in **exact name and address as appears on application.**
- D. List **CERTIFICATE HOLDER** as:

**“State Board of Registration for Used Motor Vehicle Parts Division”
237 Coliseum Drive, Macon, GA 31217-3858**

☐ **PICTURES**

- A. **Of established place of business.** Photograph must clearly show a **sign denoting name of business**, and **building** in which required records are kept must also be clearly seen.
- B. **Of the applicant.** Must be a **current** photograph.

☐ **FEES**

See FEE SCHEDULE

☐ **SALES TAX NUMBER**

You must apply for a State Sales Tax Number with the Revenue Department. The telephone number is (404) 417-4490. Sales tax number or copy of sales tax application must be attached.

After you have been issued your Used Motor Vehicle Dealers License, you must contact the Master Dealers Tag office at (404) 362-6575.

❑ **FINGERPRINT CARDS**

- A. **TWO CARDS:** to be completed by the applicant. The applicant is the owner, or designee.
B. Submit a **cashier's check or money order for \$24.00**, payable to the **Georgia Bureau of Investigation or GBI**. **Personal checks will not be accepted by the GBI.

- ❑ If you answered "YES" to Question #9 on the application, attach a list of any and all convictions, including the and places(s) of conviction(s) and arrest(s) **AND CERTIFIED COPIES OF THE COURT DISPOSITION(S)** all convictions.

Before mailing application STOP and REVIEW The Following Check List : Remember an application will not be considered Received until it is complete.

- ___ 1. Did you answer every question on your application?
- ___ 2. Is your application signed and notarized?
- ___ 3. Did you include the **ORIGINAL** \$10,000 Surety Bond? Did you Sign the Bond?
- ___ 4. Is the name on the surety bond the same as on the application?
- ___ 5. Did you include your **ORIGINAL** Certificate of Insurance?
- ___ 6. Is the name & address on your Certificate of Insurance the same as the application?
- ___ 7. Does the "Certificate Holder" have the board name and address?
- ___ 8. Did you submit a copy of your sales tax application or submit the sales tax number?
- ___ 9. Did you complete your 2 fingerprint cards and attach the \$24.00 fee?
- ___ 10. Have you included pictures of your business and sign?
- ___ 11. Do the pictures show the entire business and sign?
- ___ 12. Did you submit the required license fee?
- ___ 13. Have you checked with the local zoning authority?
- ___ 14. Did you submit a photograph of the applicant?

If you have any questions concerning this application or application process, you may contact the Division at (478) 207-1460 or write:

STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS
& USED MOTOR VEHICLE PARTS DEALERS
USED MOTOR PARTS DEALERS DIVISION
237 COLISEUM DRIVE
MACON, GEORGIA 31217

**USED MOTOR VEHICLE PARTS DIVISION
237 COLISEUM DRIVE
MACON, GA 31217-3858
(478) 207-1460**

SCHEDULE OF FEES

Initial Applications

- **\$150.00** Application Fee. (Non-Refundable)
- **\$250.00** Penalty Fee for operating prior to receiving license, **payable in addition to the application fee.**
- **\$ 24.00** Fingerprint Card Fee, **payable by certified check or money order, to *GBI* or *Georgia Bureau of Investigations***

Renewal of Licenses

- **\$150.00** If renewing prior to December 31, of the renewal year (Non-Refundable)
-
- **\$225.00** If renewing January 1 and February 28 after the expiration of the license (Non-Refundable)
- **After February 28: A new application and fee must be submitted**
- **\$400.00** Reinstatement Fee for a lapsed license (Non-Refundable)

Miscellaneous Fees

- **\$25.00** Replacement Fee for License Card

OFFICE USE ONLY

FINGERPRINT CARDS MAIL DATE: _____ LICENSE NO.: UP _____

GEORGIA STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS
& USED MOTOR VEHICLE PARTS DEALERS
USED PARTS DIVISION
237 COLISEUM DRIVE
MACON, GA 31217
TELEPHONE: 478.207.1460
www.sos.state.ga.us/plb/usedcar

DO NOT WRITE IN THIS SECTION

RECEIPT # _____

AMOUNT _____

APPLICANT # _____

INITIAL _____ DATE _____

**APPLICATION FOR USED MOTOR VEHICLE PARTS DEALER
LICENSE**

APPLICATION IS BEING MADE FOR (CHECK APPROPRIATE BOX):

☐
☐
☐

NEW DISMANTLER & SALVAGE YARD DEALER

NEW REBUILDER

REINSTATEMENT OF LICENSE #UP _____

☐
☐
☐

NEW SALVAGE POOL OPERATOR

SUPPLEMENTAL LICENSE (NEW LOT)

CHANGE OF DESIGNEE*REQUIRES LETTER
OF RELEASE OF FORMER DESIGNEE

IF BUSINESS IS A SOLE
PROPRIETORSHIP, LEGAL
NAME IS THE OWNER'S NAME

LEGAL NAME OF BUSINESS:

TRADE NAME/DBA NAME:

BUSINESS TELEPHONE:
AREA CODE _____

BEGINNING BUSINESS DATE: _____ **FEDERAL EMPLOYER'S ID:** _____

PHYSICAL LOCATION ADDRESS, NUMBER & STREET, SUITE NUMBER: (CANNOT USE A P.O. BOX)
ADDRESS(MUST BE EXACTLY THE SAME AS THE ADDRESS LISTED ON CERTIFICATE OF INSURANCE)

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

TYPE OF OWNERSHIP:

☐

SOLE PROPRIETORSHIP

☐

PARTNERSHIP

☐

CORPORATION

☐

LLC

MAILING ADDRESS, IF DIFFERENT FROM THE PHYSICAL LOCATION ADDRESS:
ADDRESS

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

**NAME OF OWNER OR DESIGNEE OF THE
BUSINESS :**

OFFICE OR POSITION OF DESIGNEE:

SOCIAL SECURITY NO.*: _____ - _____ - _____

PLACE OF BIRTH: _____

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED &
DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT
TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551
& 20 U.S.C.A. § 101.

DATE OF BIRTH : _____/_____/_____

GENDER : _____ MALE _____ FEMALE

HEIGHT: _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE OWNER (OR DESIGNEE, IF THE BUSINESS IS A PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY)

1. LIST YOUR SALES TAX NUMBER _____, OR
ATTACH A COPY OF YOUR SALES TAX REGISTRATION APPLICATION.
2. DO YOU UNDERSTAND THAT YOU MUST MAINTAIN THE REQUIRED RECORDS FOR 3 YEARS AND HAVE THEM AVAILABLE AT ALL TIMES FOR INSPECTION?

YES	NO
3. IS ANOTHER BUSINESS OPERATED AT THE LOCATION LISTED ON THIS APPLICATION? IF SO, EXPLAIN: _____

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4. HAVE YOU PREVIOUSLY BEEN LICENSED AS A USED MOTOR VEHICLE PARTS DEALER, OR HAVE YOU EVER HELD AN INTEREST IN A USED MOTOR VEHICLE PARTS DEALERSHIP? IF SO, PROVIDE NAME OF BUSINESS AND PERIOD OF LICENSURE: _____

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5. HAVE YOU EVER HAD A LICENSE REVOKED, SUSPENDED, OR OTHERWISE SANCTIONED BY ANY BOARD OR AGENCY, OR HAVE YOU EVER BEEN DENIED ISSUANCE OF, OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR OTHER STATE? IF SO, ATTACH EXPLANATION.

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6. HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLED NOLO CONTENDERE TO A CRIME, OR RECEIVED FIRST OFFENDER TREATMENT FOR A CRIME? IF SO, ATTACH A COMPLETE LIST OF **ALL** CONVICTIONS, NOLO CONTENDERE PLEAS, OR CRIMES FOR WHICH YOU HAVE RECEIVED FIRST OFFENDER TREATMENT, DETAILING DATES AND LOCATIONS WHERE SUCH CONVICTIONS, NOLO PLEAS, OR FIRST OFFENDER TREATMENTS OCCURRED, **INCLUDING CERTIFIED COURT DISPOSITIONS. FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION AS REQUESTED ALLOWS THE BOARD TO REFUSE TO GRANT A LICENSE(O.C.G.A. § 43-1-19(a)(2)). FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION, IF SUCH RESULTS IN THE GRANTING OF A LICENSE, ALLOWS THE BOARD TO IMMEDIATELY SUSPEND THAT LICENSE(O.C.G.A. § 43-47-8(l)).**

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7. **DO YOU UNDERSTAND THAT A MATERIAL MISREPRESENTATION IN THIS APPLICATION WILL BE GROUNDS FOR REVOKING YOUR LICENSE AND PROSECUTION AS PROVIDED BY LAW?**

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AFFIDAVIT

THE UNDERSIGNED SWEARS OR AFFIRMS THAT ALL INFORMATION CONTAINED IN THE WITHIN APPLICATION FOR A USED MOTOR VEHICLE PARTS DEALER LICENSE IS TRUE AND CORRECT IN EVERY RESPECT.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF OWNER OR DESIGNEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____,

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

OWNERSHIP/RELATIONSHIP INFORMATION

SOLE PROPRIETORSHIP

OWNER NAME: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

CORPORATIONS & LIMITED LIABILITY COMPANIES

DATE REGISTERED WITH GA SECRETARY OF STATE: _____

LIST PRINCIPAL OFFICERS OR MEMBERS

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PARTNERSHIPS

LIST PARTNERS

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE

DESIGNEE FOR A CORPORATION OR LIMITED LIABILITY COMPANY

PLEASE PRINT NAMES

I, _____, HEREBY NAME
PRESIDENT OR SECRETARY OF CORPORATION OR LLC

DESIGNEE

AS THE DESIGNATED AGENT FOR THE CORPORATION OR LLC THAT APPEARS ON THIS APPLICATION FOR LICENSURE. THIS AFFIDAVIT GIVES THE DESIGNEE ALL RIGHTS AND RESPONSIBILITIES OF A LICENSE HOLDER ON BEHALF OF THE CORPORATION OR LLC AND SHALL PROVIDE THAT ACTIONS OR OMISSIONS OF THE CORPORATION OR LLC, ITS OFFICERS, MEMBES, EMPLOYEES, AGENTS, ASSIGNS, OR DESIGNEES IN VIOLATION OF THE USED MOTOR VEHICLE DEALERS ACT OR IN VIOLATION OF THE USED MOTOR VEHICLE PARTS DEALERS BOARD RULES SHALL SUBJECT THE LICENSE HOLDER AND THE CORPORATION OR LLC TO ANY SANCTIONS WHICH MAY BE IMPOSED UNDER THE USED MOTOR VEHICLE DEALERS ACT OR UNDER THE USED MOTOR VEHICLE PARTS DEALERS BOARD RULES.

WE UNDERSTAND THAT THE LICENSE IS NOT TRANSFERRABLE, AND SHOULD THE DESIGNATED AGENT TERMINATE EMPLOYMENT OR OTHERWISE BECOMES UNAUTHORIZED TO HOLD THE LICENSE, A NEW APPLICATION WILL BE REQUIRED.

SIGNATURES

PRESIDENT OR SECRETARY OF CORPORATION OR LLC

DATE

DESIGNEE OR CORPORATION OR LLC

DATE

STATE OF GEORGIA

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

SEAL

****ATTACH PHOTO OF DESIGNEE****

AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE

DESIGNEE FOR A PARTNERSHIP

PLEASE PRINT NAME

WE, THE BELOW NAMED PARTNERS, HEREBY NAME _____
DESIGNEE

AS THE DESIGNATED AGENT FOR LICENSURE OF THE BUSINESS THAT APPEARS ON THIS APPLICATION FOR LICENSURE. THIS AFFIDAVIT GIVES THE DESIGNEE ALL RIGHTS AND RESPONSIBILITIES OF A LICENSE HOLDER ON BEHALF OF THE PARTNERSHIP AND SHALL PROVIDE THAT ACTIONS OR OMISSIONS OF THE PARTNERSHIP, ITS PARTNERS, EMPLOYEES, AGENTS, ASSIGNS, OR DESIGNEES IN VIOLATION OF THE USED MOTOR VEHICLE DEALERS ACT OR IN VIOLATION OF THE USED MOTOR VEHICLE PARTS DEALERS BOARD RULES SHALL SUBJECT THE LICENSE HOLDER AND THE PARTNERSHIP TO ANY SANCTIONS WHICH MAY BE IMPOSED UNDER THE USED MOTOR VEHICLE DEALERS ACT OR UNDER THE USED MOTOR VEHICLE PARTS DEALERS BOARD RULES.

WE UNDERSTAND THAT THE LICENSE IS NOT TRANSFERRABLE, AND SHOULD THE DESIGNATED AGENT TERMINATE EMPLOYMENT OR OTHERWISE BECOMES UNAUTHORIZED TO HOLD THE LICENSE, A NEW APPLICATION WILL BE REQUIRED.

SIGNATURES

_____ PARTNER	_____ DATE	_____ DESIGNEE	_____ DATE
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_____ PARTNER	_____ DATE
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STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SEAL

****ATTACH PHOTO OF DESIGNEE****



**STATE BOARD OF REGISTRATION OF USED MOTOR VEHICLE DEALERS
& USED MOTOR VEHICLE PARTS DEALERS
USED PARTS DIVISION
STATE OF GEORGIA
BOND**

BOND NUMBER: _____ **COUNTY**
KNOW ALL MEN BY THESE PRESENTS

That we, _____, as Principal, and

_____ as surety, are held and firmly bound unto **HIS EXCELLENCY**, Governor of Georgia, and his successors in office in the just sum of **TEN THOUSAND AND NO/100 (\$10,000) DOLLARS**, for the use and benefit of any purchasers of any used motor vehicle and their vendees or successors in title, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and assigns, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this bond is for a period beginning on the _____ day of _____, _____, and ending on the 31st day of December, _____.

Whereas, the above bound _____, Principal and Dealer, has made application to the State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers for a license as a used motor vehicle parts dealer in accordance with the laws governing State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers:

NOW THEREFORE, the conditions of this obligation are such that if the above bound Principal shall promptly pay all loss, damages, and expenses that may be sustained by any purchaser of any used motor vehicle or part, his vendees or successors in title, that may be occasioned by reason of any fraudulent misrepresentations as to liens or titles or by any breach of any warranty as to liens or titles of such used motor vehicle or part being sold, then the bond is to be void, otherwise, it is to remain of full force and effect.

It is a further condition that every person entitled to the protection of this Bond who has not been reimbursed for all loss, damages, or expenses occasioned by reason of any fraudulent misrepresentation as to liens or titles or by any breach of warranty as to liens or titles of such used motor vehicle or part being sold shall have the right to sue on this Bond for amount of said loss, damages, and expenses unpaid at the time of the commencement of such action and to prosecute such action to final execution and judgment for the sum due him/her.

It is agreed that this Bond is executed pursuant to and in accordance with the provisions of O.C.G.A. Section 43-47-8(g) et seq. Governing the registration of used motor vehicle dealers and used motor vehicle parts dealers in Georgia, and is intended to be and shall be construed to be a Bond in compliance with the requirements thereof.

IN WITNESS WHEREOF, the Principal and Surety have caused these presents to be duly signed and executed under seal, this _____ day of _____.

Signature of Licensee (Principal)

Surety – Name of Company

Address

Countersigned:

Resident Agency

By Attorney-in-Fact

IMPORTANT: BOND MUST BE SIGNED – POWER OF ATTORNEY MUST BE ATTACHED

CANCELLATION

CLAUSE – “No licensee shall cancel, or cause to be cancelled, a bond issued pursuant to the Code Section unless the Board is informed in writing by a certified letter at least 30 days prior to the proposed cancellation.” O.C.G.A. Section 43-47-8(i) **Rev 04/03**

DO NOT WRITE ON THIS PAGE - FOR OFFICE USE ONLY

BOARD ACTION:

☐ APPROVED

☐ APPROVED PENDING

☐ DISAPPROVED

REASON(S): _____

APPLICATION REVIEW:

☐ ALL QUESTIONS ANSWERED ☐ QUESTION(S) UNANSWERED: _____

SURETY ☐ NOT SUBMITTED ☐ INCORRECT EXP. DATE ☐ NEED ORIGINAL

BOND:

☐ COMPLETE ☐ NOT SIGNED ☐ NEED POA ☐ NOT IN EXACT NAME

☐ CERTIFICATE OF ☐ NOT SUBMITTED ☐ INSUFFICIENT ☐ NEED ORIGINAL
INSURANCE: ☐ NOT SIGNED ☐ COVERAGE

☐ COMPLETE ☐ NOT SIGNED ☐ NOT IN EXACT ☐ BOARD NOT LISTED
NAME AS HOLDER

☐ FINGERPRINT ☐ NOT SUBMITTED ☐ INCOMPLETE ☐ FEE NOT
CARDS COMPLETE SUBMITTED

☐ PHOTOGRAPHS ☐ FACILITY ☐ SIGN ☐ APPLICANT
COMPLETE

☐ INCOMPLETE

☐ SALES TAX ☐ SUBMITTED ☐ COPY OF ☐ NO SUBMISSION
NUMBER : APPLICATION
SUBMITTED

☐ APPLICATION ☐ NOT SIGNED ☐ NOTARIZED ☐ NOT NOTARIZED
SIGNED